DLN: 93493261010752

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Internal F				requirements	Inspection
		2010 calendar year, or tax year beginning 11-01-2010 and ending 10-31-20)11	D Employer	identification number
_	ck if a _l ress ch	American Society of Illustrators Partnership		26-1337	268
	ne chai	Doing Business As			
_	ial retui			E Telephone	number
		0 Fester Place	Room/suite	(510)40	9-9604
	mınated	d		G Gross recei	nts \$ 0
_	ended i	Pleasantville, NY 105701817		C 0.055 recei	pt3
 App	lication	n pending			
		F Name and address of principal officer Brad Holland	H(a) Is this a	group return for affi	liates? Tyes Vo No
		96 Greene Street 4th Floor	H(b) Are all	affiliates include	d? □ □ Yes □ No
		New York, NY 10012	1 ' '		it (see instructions)
				p exemption r	
	-exem	npt status	_		
J W	ebsite	http://www.asip-repro.org			
K Form	n of org	ganization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	L Year of for	mation 2007	M State of legal domicile Di
Pai	rt I	Summary		•	
Governance	A	Briefly describe the organization's mission or most significant activities ASIP is incorporated to promote the professional development of, and to prot professional American illustrators	ect the profession	onal and artis	cic interests of,
70%	2 (Check this box 🔰 if the organization discontinued its operations or disposed	d of more than 2	5% of its net	assets
	3 1	Number of voting members of the governing body (Part VI, line 1a)	-	3	15
<u>8</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1 $$	b)	4	15
Activities &	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	(
ੂ ਰ	6	Total number of volunteers (estimate if necessary)		6	24
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	C
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
				Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2,150	0
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0
	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), li	ine	J	
		12)		2,150	0
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5	0	O
984	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		11,839	12,611
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,839	12,611
	19	Revenue less expenses Subtract line 18 from line 12		-9,689	-12,611
Not Assets or Fund Balances				of Current ear	End of Year
18 B	20	Total assets (Part X, line 16)		97,254	410,521
18 E	21	Total liabilities (Part X, line 26)		97,052	410,521
	22	Net assets or fund balances Subtract line 21 from line 20		202	0
Under	edge a	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than offine signature of officer Cynthia Turner Co-Chair	cer) is based on a	all information	
		Type or print name and title			
		Print/Type preparer's name Katherine Krohn Preparer's signature Katherine Krohn	Date	Check if self-	PTIN
Paid		Firm's name Tax Preparation Services	2012-09-01		Firm's EIN
Prepa		Firm's address 7 Eton Court			
Use C	Only	Porkolov CA 047052715			Phone no • (510) 409- 9604

Berkeley, CA 947052715

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Par		tement of Program Servic k if Schedule O contains a respo	e Accomplishments nse to any question in this Part II.	ı	୮
1	Briefly desc	cribe the organization's mission			
ASIF	ommunica:	tes with collecting societies worl	dwide to bring accountability to rep	orographic royalties due American	ıllustrators
2	the prior Fo	rm 990 or 990-EZ?			es 🗸 No
3	Did the orga	scribe these new services on Schanization cease conducting, or manager of the services on Schedul	ake significant changes in how it co		es 🔽 No
4	Section 501	1(c)(3) and $501(c)(4)$ organization	for each of the organization's three ons and section 4947(a)(1) trusts d revenue, if any, for each program	are required to report the amount o	
4a			10,211 including grants of \$ nated efforts with numerous organizations, whose work can reasonably be deemed to		0) e means to distribute
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other prog (Expenses	gram services (Describe in Sche ; \$ 0 inclu	dule O) iding grants of \$	0) (Revenue \$	0)
4e	Total prog	ram service expenses▶\$	10,211		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

01111	330 (2010)			Page .
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	990 (2010)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V	•		
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
1a	Ta 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	10		
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for ining requirements for Form 15 1 30 22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	!		
а	Is the organization licensed to issue qualified health plans in more than one state?	120		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
С	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

Νo

14a

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			140
	governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
		. [
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b		T		<u></u>
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
		16b		

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ O wn website ☐ A nother's website ☐ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Cynthia Turner

56 Old Miller Place Santa Rosa Beach, FL 32459

Santa Rosa Beach, FL 324 (850) 231-4112

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organiz	ation nor any re	lated or	ganı:	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check that apply)				II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	rrom the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) Joseph Azar Board of Directors (The Illustrators Club)	8	х						0	0	0
(2) Donald Kılpatrıck At-Large Representative	2	Х						0	0	0
(3) Frank M Costantino Board of Directors (American Society of Architectural Illustrators)	2	х						0	0	0
(4) Ken Joudrey Board of Directors (Society of Illustrators of San Diego)	2	х						0	0	0
(5) Chris Payne Board of Directors (National Cartoonists Society)	2	х						0	0	0
(6) Nick Anderson Board of Directors (American Association of Editorial Cartoonists)	2	х						0	0	0
(7) Keith Ferris Board of Directors (American Society of Aviation Artists)	2	х						0	0	0
(8) Brad Holland Co-Chair (Illustrators' Partnership of America)	15	х		Х				0	0	0
(9) Cynthia Turner Co-Chair (Society of Illustrators)	15	х		Х				0	0	0
(10) Dolores Santoliquido Secretary (Guild of Natural Science Illustrators)	2	Х		Х				0	0	0
(11) Michel Bohbot Treasurer (Society of Illustrators of San Francisco)	2	х		х				0	0	0
(12) Dena Matthews Board of Directors (Association of Medical Illustrators)	2	х						0	0	0
(13) Ilene Winn-Lederer Board of Directors (Pittsburgh Society of Illustrators)	2	х						0	0	0
(14) Joe Cepeda Board of Directors (Society of Illustrators of Los Angeles)	2	х						0	0	0
		l			<u> </u>					Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours		that			ıll		Repo	pensation compensation			Reportable Reportable compensation			tion amount of oth		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		from from organizat relat organiza	the ion and ed				
												<u> </u>						
												$\frac{1}{2}$						
												$\frac{1}{1}$						
_												7						
	Cub Tabal							<u> </u>				\downarrow						
<u>ь</u> с	Sub-Total	s to Part VII. Sec					· ·					+						
d d								 -		0		0		0				
	Total number of individuals (ind \$100,000 in reportable compe					ted	above) who	receive	d more tha	in							
											Г		Yes	No				
	On line 1a? If "Yes," complete S					ey e	employ • •	ee, c	rhighes • • •	t compens	ated employee	3		No				
	For any individual listed on line organization and related organi																	
	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No No				
			•					,			L			NO				
Se	ction B. Independent Co Complete this table for your five \$100,000 of compensation fro	e highest compe		ındep	pend	ent	contra	ctors	that rec	eived mor	e than							
		(A)								Dono	(B)	П	(C					
	N-	ame and business ad	uress							Desc	ription of services	\rightrightarrows	Compe	isation				
												\dashv						
	Total number of independent cor			not lii	mite	d to	those	liste	d above)	who recei	ved more than							

Part \	_	Statement of	Revenue					га
Part \	7111	Statement of	кечение		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513,
grants mounts	1a b c	Federated campaig Membership dues Fundraising events	1b					or 514
Contributions, gifts, grants and other similar amounts	d e f g	Related organization Government grants (co All other contributions, similar amounts not ind Noncash contributions	ontributions) 1e gifts, grants, and 1f					
9 Co	h	Total. Add lines 1a	a-1f	. •	0			
Program Service Revenue	2a b c d e	All other program	service revenue	Business Code				
Ě	g		a-2f		0			
	3 4 5	and other similar a	e (including dividends, interamounts)	►				
	6a b c	Gross Rents Less rental expenses Rental income or (loss)	(I) Real 0	(II) Personal				
	d 7a	Net rental income Gross amount from sales of	or (loss)	► (II) Other				
	b	assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	0	0				
	d	, ,		▶				
Other Revenue	8a b	(not including \$ of contributions re See Part IV, line 1 Less direct exper	8 a	P				
	-	Gross income from	n gaming activities See	<u>· · · </u>				
	ь	Part IV, line 19 . Less direct expenses	. a b					
	_	Net income or (los Gross sales of invereturns and allowa						
		Less cost of good Net income or (los Miscellaneous F	s) from sales of inventory	► Business Code				
	11a b							
		All other revenue Total. Add lines 1:	 1a-11d		0			
	12	Total revenue. See	e Instructions	*	0		0	0

Part	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.						
A	ll other organizations must complete column (A) but are not required to o			(D).			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	0		0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0		0			
7	Other salaries and wages	0		0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0		0			
9	Other employee benefits	0		0			
10	Payroll taxes	0		0			
а	Fees for services (non-employees) Management	0		0			
b	Legal	291	291	0			
c	Accounting	0		0			
d	Lobbying	0		0			
е	Professional fundraising services See Part IV, line 17						
f	Investment management fees	0		0			
q	Other						
12	Advertising and promotion	980	980				
13	Office expenses	252	50	202			
14	Information technology	125	125				
15	Royalties						
16	Occupancy				_		
17	Travel	6,900	6,300	600			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,500	0,300	000			
19	Conferences, conventions, and meetings	2,130	1,235	895			
20	Interest	_,	_,				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
a	Delaware registration	703	0	703			
b	Int'l Fed Reprographics Rights Organizations dues	1,230	1,230	0			
С							
d							
е							
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	12,611	10,211	2,400	0		
26	Joint costs. Check here ► ☐ If following	12,011	10,211	2, .30			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Balance Sheet (A) (B) Beginning of year End of year 202 0 1 1 2 2 50.000 3 350.000 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 44.269 5 56.243 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 2,783 7 4,278 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 15 15 16 97,254 410,521 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 0 0 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 50.000 21 350.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 44.269 22 56.243 23 23 Secured mortgages and notes payable to unrelated third parties . . . 2.783 24 24 Unsecured notes and loans payable to unrelated third parties 4,278 25 25 Other liabilities Complete Part X of Schedule D 26 97.052 **Total liabilities.** Add lines 17 through 25 26 410.521 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 202 30 0 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 0 32 0 32 Retained earnings, endowment, accumulated income, or other funds 芝 202 0 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 97,254 34 410,521

orm	990	(20	10)

	-				_	
. 4	1	e	q	а	Ρ	
		e	g	a	۲	

	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,611
3	Revenue less expenses Subtract line 2 from line 1	3		-	12,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			202
5	Other changes in net assets or fund balances (explain in Schedule O)	5			12,409
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			0
Par	THE TIME TO STATE THE TOTAL THE TOTA				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No_
b	Were the organization's financial statements audited by an independent accountant?		2b		N o
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493261010752

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** American Society of Illustrators Partnership 26-1337268 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d	urın	g		
	the taxable year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Г	Yes	Г	No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	Г	Yes	Г	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, are balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descri		5		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Cat No 52283D

Par	Tatte Organizations Maintaining	Collections of Art	<u>, His</u>	tori	<u>cal Tı</u>	easur	es, or C	ther	Simila	r Asse	ts (co	ntınued)
3	Using the organization's accession and items (check all that apply)	other records, check any	y of th	ne foll	owing	that are	a significa	ant us	e of its c	ollection	า	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	☐ Preservation for future generations											
4	Provide a description of the organization Part XIV	s's collections and expla	ın hov	w they	/ furthe	er the or	ganızatıor	ı's exe	empt purp	ose in		
5	During the year, did the organization sol assets to be sold to raise funds rather the								lar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an						answere	d "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other interme	ediary	for c	ontribi	itions or	other ass	ets n	ot	Г	Yes	√ No
b	If "Yes," explain the arrangement in Par	t XIV and complete the	follow	/ıng ta	able					Amou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
е								1e				
f	Ending balance							1f				
2a	Did the organization include an amount of	on Form 990. Part X. line	e 21?				L			굣	Yes	┌ No
ъ										,		,
	art V Endowment Funds. Comple		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	IV. line	10.		
		(a)Current Year		Prior \			Years Back)Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships	•										
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the	year end balance held a	as									
а	Board designated or quasi-endowment	-										
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the po	ssession of the organiza	ation 1	that a	re hel	d and ad	mınıstere	d for t	he			
	organization by									D (1)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations									3b		
4	Describe in Part XIV the intended uses											_
	rt VI Investments—Land, Build					90. Pai	rt X. line	10.				
	Description of investment			(;	a) Cost	or other estment)	(b)Cost or basis (ot	other	(c) Accu depre		(d) B	ook value
1a	Land											
	Buildings		•									
С	Leasehold improvements											
d	Equipment											
	Other											
Tota	al. Add lines 1a-1e <i>(Column (d) should equ</i>	ial Form 990, Part X, colun	nn (B)), line	10(c).	·			▶			

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001. 14.40	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value

Pal	Reconcination of Change in Net Assets from Form 990 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	1	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	V
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	<u> </u>	
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		•
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III, lines 1 and 4	art IV ,	lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P04_S00_L02b		A major part of ASIP's mission consists of receiving Non-Title Specific Royalties on behalf of the Rights Holders, and holding them in an escrow account until distributions to the illustrators are made Approximately \$350,000 00 US should now have been placed in escrow, had the funds been transferred to ASIP per contractual agreement

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493261010752

OMB No 1545-0047

2010

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization American Society of Illustrators Partnership Employer identification number

						2	6-13372	68		
Part I Excess Benefit Tran Complete if the organizat									ne 40b	
1 (a) Name of disqu						n of trans		,		(c) rected?
									Yes	No
										+
2 Enter the amount of tax imposs section 49583 Enter the amount of tax, if any	 , on line	 2, abov	e, reimbursed by th				🕨	* \$ 		
Part II Loans to and/or F Complete if the organiz				, Part IV, line 26	, or Fo	orm 990-E	≣Ζ, Part ∨	, line 38	ā	
(a) Name of interested person and purpose	(b) Lo or fro organiz	m the	(c)O riginal principal amount	(d)Balance due		In ult?	(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
(1) Brad Holland Operating expenses	Х		17,037	18,017		No	Yes		Yes	
(2) Cynthia Turner to cover costs	×		23,329	33,093		No	Yes		Yes	
(3) Terrence Brown to cover costs	×		1,000	2,230		No	Yes		Yes	
(4) Alexis Scott to cover costs	Х		1,500	1,500		No	Yes		Yes	
(5) Glenda Rogers to cover costs	Х		553	553		No	Yes		Yes	
(6) Bruce Lehman to cover costs	X		850	850		No	Yes		Yes	
(7) Katherine Krohn										
to cover costs Total		<u> </u>	2,783	4,278 60,521		No	Yes		Yes	
Part IIII Grants or Assistar Complete if the orga				Persons.	/ June	. 27				,
(a) Name of interested pers			Relationship betwe and the org	en interested pe			nount of g	rant or ty	pe of assi	stance
							_			
						 				

Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization			Yes	No
	•				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 26-1337268

Name: American Society of Illustrators Partnership

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	or fro	(b) Loan to (c)Original (d)Balance due or from the rganization? \$		(e) In default?		(f) Approved by board or committee?		(g)W agree	ritten ment?	
	То	From			Yes	No	Yes	No	Yes	No
Brad Holland O perating expenses	х		17,037	18,017		No	Yes		Yes	
Cynthia Turner to cover costs	х		23,329	33,093		No	Yes		Yes	
Terrence Brown to cover costs	х		1,000	2,230		No	Yes		Yes	
Alexis Scott to cover costs	х		1,500	1,500		No	Yes		Yes	
Glenda Rogers to cover costs	х		553	553		No	Yes		Yes	
Bruce Lehman to cover costs	х		850	850		No	Yes		Yes	
Katherine Krohn to cover costs	х		2,783	4,278		No	Yes		Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493261010752

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

American Society of Illustrators Partnership

Employer identification number

26-1337268

ldentifier	Return Reference	Explanation
F990_P06_S0A_L05	Form 990, Part VI, Section A, Line 5	American Society of Illustrators Partnership ASIP became aware during the fiscal year that in excess of \$300,000 00 that was supposed to have been turned over to ASIP for distribution to American illustrators has neither been transferred to ASIP, distributed to illustrators, nor accounted for These royalties, repatriated in accordance with The Berne Convention Treaty and the International Federation of Reprographic Rights Organizations IFRRO, are explicitly required to be returned to the illustrators whose work may be presumed to have generated the income, by virtue of publication and availability
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	American Society of Illustrators Partnership is a coalition of professional societies. Each society sends a representative to sit on the Board of Directors. The Board elects officers
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Board members take any decisions or proposals made by the Board of Directors back to their home organizations for discussion, debate, and approval
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The co-chairs, assisted by a third board member, review, discuss and adjust the 990, and schedules and attachments, by conference telephone calls, and emails, in consultation with ASIPs tax matters person
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	All documents required to be made available to the public may be obtained by a written request to the American Society of Illustrators Partnership, accompanied by a reasonable fee for postage and handling
F990_P10_S00_L03	Form 990, Part X, Line 3	The amount in Part X, Lines 3 and 21 represents foreign royalties due American illustrators that were collected by ASIP member, the Society of Illustrators, and promised to ASIP under contract, but never paid ASIP believes additional foreign royalties in excess of \$300,000 were collected by the Society of Illustrators during the fiscal year and also withheld, in breach of a pre-existing agreement to function as a pass-through entity for such royalties
F990_P11_S00_L05	Form 990, Part XI, Line 5	The funds used to cover expenses were lent to ASIP by officers and other volunteers